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≅ · ~ .	90	-	Avended	Tau	
Form	790		Return of Organization Exempt From Inco	me lax	OMB No 1545-0047
	٠, *		Under section 501(c) of the Internal Revenue Code (except black lung benef	fit trust or	1999
₹.i	~		private foundation) or section 4947(a)(1) nonexempt charitable trust	_ W	This Form is
Departme	ent of the T	reasury	(-)(-)		Open to Public
internal R	evenue Se	rvice	Note The organization may have to use a copy of this return to satisfy state reporting require		Inspection
() _		999 cale	endar year, OR tax year period beginning OCT 1 , 1999, and ending		2000
	heck if:		C Name of organization HUNTINGTON'S DISEASE SOC OF AMERICA, KY CHAPTER	D Employer ident 13-3349872	ification number
	hange of a	aaress			
	itial return		Number and street (or P. O box if mail is not delivered to street address) Room/suite KOSAIR CHARITIES CENTRE, 982 EASTERN PKWY	1	
	nal return			502-637-437 F Check	
'A -	mended re equired als		City or town State or Country ZIP code LOUISVILLE KENTUCKY 40217	F Check application is p	if exemption
. (16	ate reporti		TENTOON 40217	application is p	ending
	ype of o		tion X Exempt under section 501(c)(3)(insert no)	section 4947(a)(1)	nonexempt charitable trust
			exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Sch. A (F		
H(a) Is	this a g	roup re		is checked "Yes," ent	er four-digit
/b\	m. e . II		group exemption		X
			number of affiliates for which this return is filed J Accounting	Cash	X Accrual
		arate retu	rrn filed by an organization covered by a group ruling? method	Other (specify)	
	neck here	نـــا	If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return w	with the IRS, but if it received	a Form 990 Package
			ile a return without financial data. Some states require a complete return be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000.	at end of year	
Part I			, Expenses, and Changes in Net Assets or Fund Balances	(See Specific Instructions	on page 15)
	1		tributions, gifts, grants, and similar amounts received		
			ct public support	1a 50,880	6
			ect public support	1b	
			ernment contributions (grants) il (add lines 1a through 1c) (attach sched ණවණ Contributate) T	1c	
v			(cash \$ REGINALED)	1d 50,886
1	□ 2	Prog	gram service revenue including government fees and contracts (from Part VII,	line 93)	2
	3 4		nbership dues and assessments JUN 0 7 2019		3 280
			rest on savings and temporary cash investments		4 1,206 5
(dends and interest from securities	6a	3
R a		. – .	rental expenses OGDEN		5
e @	图 0	: Net r	rental income or (loss) (subtract line 6b from line 6a)		6c 0
v @	\$ 7		er investment income (describe	,	7
	ි 8a		s amount from sales of assets other (A) Securities	(B) Other	
n u	F		cost or other basis and sales expenses	8a	
e			or (loss) (attach schedule)		5
			gain or (loss) (combine line 8c, columns (A) and (B))		8d 0
			cial events and activities (attach schedule)		
	a		s revenue (not including \$ of contributions	10-1 40 655	
			rted on line 1a)	9a 19,655 9b 653	- V///////
		Net i	ncpme of less in paperal events (subtract line 9b from line 9a)		9c 19,002
	10a	Gros	s sales of inventory, less retricts and allowances	10a	
	l h	1000	doef of goods sold	10b	
	C	Gross	s proper (ides) from sale 2018 ven on lattach schedule) (subtract line 10b from line 10a) . er revenue (from Part VII, line 1933)		10c 0
	11	Othe	er revenue (from Part VII, line hass) I revenue (add lines 1d, 2,3,4,5,16c, 7, 8d, 9c, 10c, and 11)		11 71,374
			ram services from line 44 column (B))		13 29,053
Ex-			agement and general (from line 44, column (C))		14 3,522
pen-	15	Fund	fraising (from line 44, column (D))		15 0
ses			nents to affiliates (attach schedule)		16 17,230
			l expenses (add lines 16 and 44, column (A))		17 49,805 18 21,569
Net			ess or (deficit) for the year (subtract line 17 from line 12) assets or fund balances at beginning of year (from line 73, column (A))		18 21,569 19 34,652
Asset			r changes in net assets or fund balances (attach explanation)	•	20
70001			assets or fund balances at end of year (combine lines 18, 19, and 20)	•	21 56,221
For Pap				(HTA)	Form 990 (1999)

@13

	Functional Evnances					
	Functional Expenses and section 4947(a)(1	i) nonexer	npt charitable trusts b	ut optional for others (See S	pecific Instructions on page "	
	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part i			services	and general	J
22	Grants and allocations (attach schedule)					
	(cash \$ noncash \$)	22	0	;		
23	Specific assistance to individuals (attach schedule)	23	0			
	Benefits paid to or for members (attach schedule)	24	0			
		25	,0			
	Compensation of officers, directors, etc) 				
	Other salaries and wages	26	0			<u> </u>
	Pension plan contributions	27	0		·- ·-· · · · · · · · · · · · · · · · ·	
28	Other employee benefits	28	0			
	Payroll taxes	29	0			
	Professional fundraising fees	30	0.			
	Accounting fees	31	1,600		1,600	
	Legal fees .	32	0		1,10,00	
				447	1.40	
	Supplies	33	595		148	
	Telephone	34	2,792	2,513	279	
35	Postage and shipping	35	1,814	1,814		•
36	Occupancy	36	0			
37	Equipment rental and maintenance	37	0			
	Printing and publications	38	4,347	4,347		
	Travel	39	1,599	1,599		
		40	2,180	2,180		
	Conferences, conventions, and meetings			2,100		
	Interest	41	0			
	Depreciation, depletion, etc. (attach schedule).	42	1,007		1,007	
43	Other expenses (itemize) a INSURANCE	43a	177		177	
b	CONTRACT LABOR	43b	13,925	13,925		
	DENIT	43c	1,242	931	311	
	OTHER EXPENSES	43d	1,297	1,297		
		43e	0	1,207		
e			0			
		43f	<u>_</u> _			
44	Total functional expenses (add lines 22 through 43)	1 1				
	Organizations completing columns (B) - (D), carry					_
	these totals to lines 13 - 15	44	32,575	29,053	3,522	0
Don	orting of Joint Costs. Did you report in column (B) (Pro	oaram c	onwoos) any ioint	costs from a combiner	1	
-		ogram s	ervices) any joint	Costs Ironi a Combine		X No
	ational campaign and fundraising solicitation? .	•	•	l	Yes	
	es," enter (i) the aggregate amount of these joint costs	_			ed to Program services	
(m) th	ne amount allocated to Management and general	_		, (IV) the amount alloca	ed to Fundraising	
Par	t III Statement of Program Service Accompli	shme	nts	(See Specific Instruction	s on page 22)	Program Service
<u> </u>	till Ctatement of Frogram Corrido Accompn					_
Wha	t is the organization's primary exempt purpose?	EDUC	ATE PUBLIC	ABOUT HUNTING	TON'S DISASE	Expenses
All or	ganizations must describe their exempt purpose achievements in	a clear	and concise mai	nner State the number		(Required for 501(c)(3) and
of clu	ents served, publications issued, etc. Discuss achievements tha	t are not	measurable. (Se	ection 501(c)(3) and (4)		(4) orgs , and 4947(a)(1)
	nizations and 4947(a)(1) nonexempt chantable trusts must also e					trusts, but optional for
-	ations to others)		-			others)
а	CUID COCKLUST TICKLED OF THE ACCUST FILE	AI OT	DIVIDUALS A	ND FAMILIES WH	O ARE EMOTIONA	
-						
	AND/OR PHYSICALLY AFFECTED BY THE HILL	ITINGI	ON DISEASE	TO ASSIST THEN	I TO COPY WITH I	
	AND/OR PHYSICALLY AFFECTED BY THE HUN	ITINGT	ON DISEASE	. TO ASSIST THEM	TO COPY WITH J	IC
	HANDLING OF THISE DISEASE ON A DAILY BA	ASIS A	LOS, WE TR	TO EDUCATE TH	TO COPY WITH JE GENERAL PUBL	
	HANDLING OF THISE DISEASE ON A DAILY BA AND HEALTH CARE PROFESSIOANLS ABOUT	ASIS A	LOS, WE TR	TO EDUCATE TH	TO COPY WITH E GENERAL PUBL	IC 29,053
b	HANDLING OF THISE DISEASE ON A DAILY BA	ASIS A	LOS, WE TR	TO EDUCATE TH	TO COPY WITH E GENERAL PUBL	
b	HANDLING OF THISE DISEASE ON A DAILY BA AND HEALTH CARE PROFESSIOANLS ABOUT	ASIS A	LOS, WE TR	TO EDUCATE TH	TO COPY WITH E GENERAL PUBL	
b	HANDLING OF THISE DISEASE ON A DAILY BA AND HEALTH CARE PROFESSIOANLS ABOUT	ASIS A	LOS, WE TR	TO EDUCATE TH	TO COPY WITH	
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b	HANDLING OF THISE DISEASE ON A DAILY BA AND HEALTH CARE PROFESSIOANLS ABOUT	ASIS A	LOS, WE TRY Grants and allocated the second	TO EDUCATE TH	TO COPY WITH	
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b	HANDLING OF THISE DISEASE ON A DAILY BA AND HEALTH CARE PROFESSIOANLS ABOUT DISEASE.	ASIS A	LOS, WE TRY Grants and allocated the second	TO EDUCATE THations \$	E GENERAL PUBL	
b c	HANDLING OF THISE DISEASE ON A DAILY BA AND HEALTH CARE PROFESSIOANLS ABOUT DISEASE.	ASIS A	LOS, WE TRY Grants and alloca Grants and alloca	TO EDUCATE THations \$	TO COPY WITH	
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C	HANDLING OF THISE DISEASE ON A DAILY BA AND HEALTH CARE PROFESSIOANLS ABOUT DISEASE.	ASIS A	LOS, WE TRY Grants and alloca Grants and alloca	TO EDUCATE THations \$	TO COPY WITH	
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c d	HANDLING OF THISE DISEASE ON A DAILY BA AND HEALTH CARE PROFESSIOANLS ABOUT DISEASE.	ASIS A THI (LOS, WE TRY Grants and alloca Grants and alloca Grants and alloca Grants and alloca	TO EDUCATE THations \$ ations \$ ations \$	TO COPY WITH E GENERAL PUBL	
c d	HANDLING OF THISE DISEASE ON A DAILY BAAND HEALTH CARE PROFESSIOANLS ABOUT DISEASE. Other program services (attach schedule)	ASIS A THI (Crants and allocated and alloc	TO EDUCATE THations \$ stions \$ stions \$ stions \$	TO COPY WITH	29,053
c d	HANDLING OF THISE DISEASE ON A DAILY BA AND HEALTH CARE PROFESSIOANLS ABOUT DISEASE.	ASIS A THI (Crants and allocated and alloc	TO EDUCATE THations \$ stions \$ stions \$ stions \$	TO COPY WITH	

Pa	(See Specific Instructions on page 22)				
Not	e: Where required, attached schedules and amounts within the de-	scription	(A)	Γ.	(B)
	column should be for end-of-year amounts only		Beginning of year		End of year
	Assets				
	Cash - non-interest-bearing		36,521	45	13,224
46	Savings and temporary cash investments			46	44,111
		· . [
	Accounts receivable .	47a			
È	Less allowance for doubtful accounts .	47b		47c	0
	Pledges receivable	48a			
E	Less allowance for doubtful accounts	48b		48c	0
49	Grants receivable .		500	49	
50	Receivables from officers, directors, trustees, and key employees				
	(attach schedule)			50	
51a	Other notes and loans receivable (attach schedule)	51a			
b	Less: allowance for doubtful accounts	51b		51c	0
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges	[53	
54	Investments - securities (attach schedule)	Ţ		54	· · · · · · · · · · · · · · · · · · ·
55a	Investments - land, buildings, and equipment.	Ī			1/4
	basis	55a 5,034			
b	Less: accumulated depreciation (attach				
	schedule)	55b 2,137	3,904	55c	2,897
56	Investments - other (attach schedule)		0		0
57a	Land, buildings, and equipment basis	57a			 -
	Less accumulated depreciation (attach schedule)	57b		57c	0
	Other assets (describe	L	0	58	0
	Total assets (add lines 45 through 58) (must equal line 74)		40,925		60,232
	Liabilities		,020		50,202
60	Accounts payable and accrued expenses		İ	60	
	Grants payable	·		61	
	Deferred revenue	·		62	
	Loans from officers, directors, trustees, and key employees (attach so	hedule)		63	· · · · · · · · · · · · · · · · · · ·
	Tax-exempt bond liabilities (attach schedule)		=======================================	64a	
	Mortgages and other notes payable (attach schedule)	<u> </u>		64b	
	Other liabilities (describe NAT'L ASSESS/ACCRUED REI	ντ · · ·		65	4,011
	Total liabilities (add lines 60 through 65)		6,273		4,011
	Net Assets or Fund Balances		0,210		4,011
Ora	anizations that follow SFAS 117, check here X and complete				
	lines 67 through 69 and lines 73 and 74				
67	Unrestricted		32,652	67	56,221
	Temporarily restricted		2,000		
	Permanently restricted	🖯	· · · - · · ·	69	
	anizations that do not follow SFAS 117, check here	and			
Oig.	complete lines 70 through 74				
70		İ		70	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · -		71	
	Paid-in or capital surplus, or land, bldg, and equipment fund	· · · -	34 650	72	
	Retained earnings, accumulated income, endowment, or other funds	, · · · · -	34,652		
13	Total net assets or fund balances (add lines 67 through 69 OR lines 70 and add and add add and add add and add ad	i i			
	through 72, column (A) must equal line 19 and column (B) must equal	'	24.650	72	EG 001
7,	Inne 21)	· -	34,652 40,925		56,221 60,232
14	TOTAL DADDINES AND DELASSEISBURG DATANCES (AND TINES NO AND 7.3)	1	40 9751	164 1	ロロ スカノ

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

•		
Р	ane	4

Par	t IV-A Reconciliation of Revenue p	per	Part	t IV-B	Reconcilia	tion of Expens	es per		•
	Audited Financial Statement	ts with			Audited F	inancial Stater	nents with		* J
	Revenue per Return	ecific Instructions, page 24)			Expenses	per Return			
a	Total revenue, gains, and other support		а	Total ex	pense and lo	sses per audited			
	per audited financial statements	a 72,027		financia	al statements	•		а	50,458
b	Amounts included on line a but		ь	Amoun	ts included on	line a but not on			
	not on line 12, Form 990			line 17,	Form 990				
(1)	Net unrealized gains on		(1)	Donate	d services and	.			
` '	investments		` '	use of 1	acilities				
(2)	Donated services and		(2)	Prior ve	ar adjustmen	ts reported			
(-/	use of facilities		` ′		20, Form 990				
(3)	Recoveries of prior		(3)		reported on li				
(-)	year grants		` '	Form 9	-	,			
(4)	Other (specify)		(4)	Other (-		
(-1)	Other (specify)		\''		CT EXPENS	FS			
				.5:11:15			653		
	Add amounts on lines (1) thru (4)	<i>b</i>	1	Add am	ounts on lines	: (1) thru (4)		<i>иии</i>	653
_	Line a minus line b	c 72,027	С		ninus line b	s (1) and (4)		c	49,805
		<u> </u>				line 17			45,666
d	Amounts included on line 12,		u		ts included on	•			
(4)	Form 990 but not on line a		(4)		90 but not on				
(1)	Investment expenses not included on		(1)		ent expenses				
	line 6b, Form 990		(0)		d on line 6b, F	orm 990			
(2)	Other (specify)		(2)	Other (specify)				
	DIRECT EXPENSES								
	-653								
	Add amounts on lines (1) and (2)	d -653			ounts on lines			d	0
е	Total revenue per line 12,		1		penses per lu				
	Form 990 (line c plus line d) .	e 71,374			90 (line c plus	line d)		е	49,805
Par	t V List of Officers, Directors,	Trustees, and K	ey E	Employ	yees	(List each one ev	en if not		
	compensated, see Specific Instruction	ns on page 24)				,			
			(В) Title a	nd average	(C) Compen-	(D) Contributions to	(E) Expense
	(A) Name and address			hours p	er week	sation (if not	employee benefit plans &	acc	ount and other
				devoted t	o position	paid, enter -0-)	deferred compensation		allowances
MAF	RY JO MURPHY			PRES	DENT				
890	ZABEL WAY, LOUISVILLE, KY					0			
THO	MAS ZETTEL			VICE F	PRES				
301	B WICKLAND, LOUISVILLE, KY					0.			
JEA	N MEYER			SECR	ETARY				
172	B TREVILIAN WAY, LOUISVILLE, KY	′				0			
PET	E DIFFENBACHER			TREAS	SURER		•		
4820	SOU. ZNU STREET, LOUISVILLE, K					o			
									
						İ			
		-							
					·-·				
								-	
	•								
						-			
	•••••	·							
75	Did any officer, director, trustee, or ke	ev emplovee receiv	e and	gregate	compensat	ion of more tha	n		
	\$100,000 from your organization and								
	provided by the related organizations			J, J: WI	more tr	ψ 10,000 wa.		X	Jo.
	If "Yes," attach schedule - see Specifi		aneí	25		L	[الث	NO.
	attach concade acc openi	o moduciono on p	age 2					F	orm 990 (1999)
								•	

Form	1990 (1999) HUNTINGTON'S DISEASE SOC. OF AMERICA, KY CHA 13-3349872		Page 5
Par	t VI Other Information (See Specific Instructions on pages 25.)		Yes or No
76	Did the organization engage in any activity not previously reported to the Internal Revenue Service?	76	NO
	If "Yes," attach a detailed description of each activity		
77	Were any changes made in the organizing or governing documents, but not reported to the IRS?	77	NO
	If "Yes," attach a conformed copy of the changes		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered		
, 04	by this return?	78-	
٠,		78a	NO
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
19	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"		
~	attach a statement	79	NO
80a	Is the organization related (other than by association with a statewide or nationwide organization)		
	through common membership, governing bodies, trustees, officers, etc., to any other exempt or		
	nonexempt organization?	80a	NO
þ	If "Yes," enter the name of the organization		
	and check whether it is exempt OR nonexempt		
81a	Enter the amount of political expenditures, direct or indirect, as described		
	in the instructions for line 81		
h	Did the organization file Form 1120-POL for this year?	045	
		81b	NO
oza	Did the organization receive donated services or the use of materials, equipment, or facilities at		
	no charge or at substantially less than fair rental value?	82a	
D	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue		
	in Part I or as an expense in Part II. (See instructions for reporting in Part III.) . 82b		
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	YES
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	NO
b	If "Yes," did the organization include with every solicitation an express statement that such		
	contributions or gifts were not tax deductible?	84b	
85	Section 501(c)(4), (5), or (6) organizations (a) Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization		
	received a waiver for proxy tax owed for the prior year		
С	Dues, assessments, and similar amounts from members 85c		
	Section 162(e) lobbying and political expenditures		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		
	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	05-	
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount	85g	
	in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political		
	expenditures for the following tax year?	85h	
	Section 501(c)(7) orgs Enter. (a) Initiation fees and capital contributions		
	Included on line 12		-
	Gross receipts, included on line 12, for public use of club facilities		
	Section 501(c)(12) orgs - Enter a Gross income from members or shareholders 87a		
	Gross income from other sources. (Do not net amounts due or paid to other		
	sources against amounts due or received from them)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity		
	disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-37 if "Yes," complete Part IX	88	NO
89a	501(c)(3) organizations - Enter. Amount of tax paid during the year under		
	section 4911 <u>0</u> , section 4912 <u>0</u> ; section 4955 <u>0</u>		
	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did		
	it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89	NO
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the		
	year under section 4912, 4955 and 4958		0
	Enter Amount of tax in 89c, above, reimbursed by the organization		0
	List the states with which a copy of this return is filed		
		OOL	
	Number of employees employed in the pay period that includes March 12, 1999 (See inst.)	90Ь	
	The books are in care of MARY JO MURPHY Telephone no		10047
	Located at 982 EASTERN PARKWAY, LOUISVILLE, KY ZIP + 4	<u></u>	10217
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here		
	enter the amount of tax-exempt interest received or accrued during the tax year		
		F	orm 990 (1999)

HUNTINGTON'S DISEASE SOC. OF AMERICA, KY CHA 13-3349872

. Form 990 (1999)

Form 990 (1999)

Part VII A	Analysis of Income-Produ	ucing Activities		· · · · · ·	(See Specific I	nstructions on pages 29)
	nounts unless otherwise	Unrelated busin	ness income		tion 512, 513, or 514	(E)
indicated		(A)	(B)	(C)	(D)	Related or exempt
93 Program	service revenue	Business code	Amount	Exclusion cod	e Amount	function income
a						
_						
е						
f Medicare	e/Medicaid payments					
	ontracts from government agencies				-	
	p dues and assessments	N/A				28
·	savings and temporary cash investment	N/A				1,20
	and interest from securities					
	ncome (loss) from real estate					
a debt-financ	• •					
	anced property					
	anced property ncome or (loss) from personal property		, -			
	ncome or (loss) from personal property tment income	-				
	tment income is) from sales of assets other than inventory		 		-,	-
	,	N/A				19,00
	or (loss) from special events	I W/	-			15,00
	t or (loss) from sales of inventory					
103 Other reven						
						
						
. e						0 00 10
	(add cols (B), (D), and (E)) add line 104, columns (B), (D), and					0 20,48
art IX In	formation Regarding Tax	cable Subsidiaries	and Disrega	rded Entities	(See Specific Ir	structions on page 30)
	(A)		(B)	(C)	(D)	(E)
	Name, address, and EIN of corp	oration,	Percentage of	Nature of activiti	ľ	End-of-year
	partnership, or disregarded e	ntity	ownership interest		Income	assets
						45500
_	Under penalties of perjury, I decla	re that I have examined this retur	n, including accompar	lying schedules and statem	ents, and to the best of my	mowledge
lease	and belief, it is true, correct, and c					
ign	(IMPORTANT See General Instru		_		proposed that any KNO	#n. 2
ere	Ban	Vo Muns	m m	104 JU	nue PH9	אנענוי הנו
			111	11/2/		PRES ALLEY
	Signature of officer		ñata -	Tuna or seed	ma	PRES Sych
	Signature of officer	1 1	<u>Date</u>	Type or print na		Title Title
aid	Preparer's	1 1 100	1	Date	Check if self-	7917
	Preparer's signature William	- W Hea	oth CPA			Title 7
reparer's	Preparer's signature William Firm's name	WILLIAM W HOLL	ISTER, PSC	Date	Check if self- employed EIN	Title 7
aid reparer's se Only	Preparer's signature William	- W Hea	ISTER, PSC	Date	Check if self- employed	Title Preparer's SSN or PTIN

SCHEDULE A (Form 990)

Department of the Treasury

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation), and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions)

OMB No 1545-0047

1999

Must be completed by the above organizations and attached to their Form 990 or 990-EZ Internal Revenue Service Name of the organization Employer identification number HUNTINGTON'S DISEASE SOC OF AMERICA, KY CHAPTER 13-3349872 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions List each one If there are none, enter "None") (a) Name and address of each (b) Title and average (e) Expense account (d) Contributions to employee paid more than \$50,000 and other hours per week (c) Compensation employee benefit plans & allowances devoted to position deferred compensation NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 1 of the instructions List each one (whether individuals or firms.) If there are none, enter "None") (c) Compensation (a) Name and address of each independent contractor (b) Type of service paid more than \$50,000 NONE Total number of others receiving over \$50,000 for professional services

Sche	dule A (Form 990) 1999 HUNTINGTON'S DISEASE SOC OF AMERI 13-3349872		F	age 2
Par	t III Statements About Activities	•	Yes	No
	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary Sale, exchange, or leasing of property?	2a		, X
b	Lending of money or other extension of credit?	2b		X
С	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
е	Transfer of any part of its income or assets?	2e		X
4a	Does the organization make grants for scholarships, fellowships, student loans, etc?	3 4a		X
Par				
5 6 7 8 9 10 11a 12	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(ii). A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions- subject to cert exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated bust taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 (section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if the meet the test of section 509(a)(2). (See section 509(a)(3))	nit. ne ain ness See	il's	
	(a) Name(s) of supported organization(s) (b) L	ine numb im above	er	
14 [An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the ins	tructions		

25	Enter 1% of line 23 .	618	363	0	274	
26	Organizations described in lines 10 or 11:	a Ente	r 2% of amount in	n column (e), line	24 26	a 0
b	Attach a list (which is not open to public inspection each person (other than a governmental unit or pu	iblicly supported	organization) who	se total gifts for		
	1995 through 1998 exceeded the amount shown in	n line 26a Enter	the sum of all the	ese excess amour	nts 26	b
С	Total support for section 509(a)(1) test Enter line	e 24, column (e)			26	c 0
d	Add Amounts from column (e) for lines 18	<u> </u>	0			
	22 _	0 26ь	0		26	d 0
е	Public support (line 26c minus line 26d total)				26	e 0
f	Public support percentage (line 26e (numerato	r) divided by lin	e 26c (denomina	tor))	26	f 0.00%

36,272

0

27,368

61,812

Organizations described on line 12: a For amounts included on lines 15, 16, and 17, that were received from a "disqualified person," attach a list to show the name of, and total amounts person." Enter the sum of such amounts for each year (1996) (1997)

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year

(1997) (1996) (1998)

c Add Amounts from column (e) for lines. 15 83,501 16 3,369

17 0 20 0 21 0

d Add Line 27a total 0 and line 27b total 0 86.870 0 27d 86,870 e Public support (line 27c minus line 27d total) f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) 69 25% g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 0 59%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 4 of the instructions.)

125,452

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)		<u> </u>	4
			Yes	Ņο
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its		 	
	charter, bylaws, other governing instrument, or in a resolution of its governing body?	29]	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students			
	in all its brochures, catalogues, and other written communications with the public dealing with			
	student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast			
	media during the period of solicitation for students, or during the registration period if it has no solicitation			
	program, in a way that makes the policy known to all parts of the general community it serves?	31	<u> </u>	
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	ļ	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public	222		
	dealing with student admissions, programs, and scholarships?	32c 32d		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	7777		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
•	Bood the diganization diesimmate by the any many many many many many many many			
а	Students' rights or privileges?	33a		
			ł	
b	Admissions policies? .	33b		
		220		
С	Employment of faculty or administrative staff?	33c		
4	Scholarships or other financial assistance?	33d		
u	Scholarships of other infancial assistance.			
е	Educational policies?	33e		
f	f Use of facilities?	33f		
	Athletic programs?		i i	
9	Timinato programo	33g	-	
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a statement)			
24-	Does the error return receive any financial and account of the			
74 4	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through	aaaaa		
	4 05 of Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation	35	ŀ	

	edule A (Form 990) 1999	HUNTINGTON'	S DISEASE SO	13-3349872			Page 5
Pai	t VI-A Lobbying Expenditures by Elect	(See page	6 of the inst				
	` (To be completed ONLY by an eligible organiz	ation that filed Form	5768)				
Che	eck here a If the organization be	elongs to an affilia	ated group.				
	eck here b If you checked "a" ar	_	• .	alv			
	D	Ta minica contro	provisions app			(-)	
	Limite on Lobi		(a)	(b)			
٠	Limits on Lobi		Affiliated	To be completed for			
-20	(The term "expenditures" m					group totals	ALL organizations
	Total lobbying expenditures to influence public				36		
3.7	Total lobbying expenditures to influence a legi		ect lobbying)		37		
38	Total lobbying expenditures (add lines 36 and	37)			38	0	0
39	Other exempt purpose expenditures .	•			39		
40	Total exempt purpose expenditures (add lines	•			40	0	0
41	Lobbying nontaxable amount Enter the amou		_		· ////////////////////////////////////		
	If the amount on line 40 is -	The lobbying n	ontaxable amo	unt is -			
	Not over \$500,000	20% of the amount	t on line 40		· //////		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	6 of the excess over	r \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	6 of the excess over	r \$1,000,000	41	0	0
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over	\$1,500,000			
	Over \$17,000,000	\$1,000,000			. /////////////////////////////////////		
42	Grassroots nontaxable amount (enter 25% of	line 41)	•	-	42	o	0
	Subtract line 42 from line 36. Enter -0- if line	•	ine 36		43	0	0
	Subtract line 41 from line 38. Enter -0- if line				44	0	0
				•			
	Caution If there is an amount on either line 4	3 or line 44 file F	Form 4720				
		veraging Perio		ion 501(h)	<i></i>		
	(Some organizations that made a section			, ,	of the five	polumne holo	1147
	See the instructions	• •		•		columns belo	7 V V
	Occ the mandenons	l	igh 50 on page 7	or the madde	,dons j		
		Lob	bying Expendit	uros Durina /	1 Voor Au	oragina Bari	ad
		l cop.	bying Expendit	ures puring -	+- rear Ave	eraying Pen	ou
		i					
	Calendar year (or fiscal	(3)	(b)	(c)		(4)	(0)
	Calendar year (or fiscal	(a)	(b)	(c)		(d)	(e)
	Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997		(d) 1996	(e) Total
	year beginning in)						Total
45	· · · · · · · · · · · · · · · · · · ·						
	year beginning in) Lobbying nontaxable amount						Total 0
45	year beginning in)						Total
46	year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))						Total 0
46	year beginning in) Lobbying nontaxable amount						Total 0
46	year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures						Total 0 0 0
46	year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))						Total 0
46	year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount						Total 0 0 0 0
46	year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures						Total 0 0 0
46 47 48 49	year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))						Total 0 0 0 0 0
46 47 48 49	year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	1999	1998				Total 0 0 0 0
46 47 48 49	year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelectine	1999 g Public Chari	1998	1997		1996	Total 0 0 0 0 0
46 47 48 49 50 Par	year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecting (For reporting by organizations that di	g Public Charit	1998 ties Part VI-A) (See p.	1997	estructions	1996	Total 0 0 0 0 0
46 47 48 49 50 Par	year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecting (For reporting by organizations that ding the year, did the organization attempt to influence nations.	g Public Charit d not complete Ponal, state or local le	ties Part VI-A) (See pagislation, including	1997		1996	Total 0 0 0 0 0 0 0 0
46 47 48 49 50 Par	year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecting (For reporting by organizations that di	g Public Charit d not complete Ponal, state or local le	ties Part VI-A) (See pagislation, including	1997	estructions Yes No	1996	Total 0 0 0 0 0
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46 47 48 49 50 Par	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecting (For reporting by organizations that ding the year, did the organization attempt to influence nativatempt to influence public opinion on a legislative matter Volunteers	g Public Charit d not complete Ponal, state or local le or referendum, thro	ties Part VI-A) (See pages lation, including ugh the use of	1997		1996	Total 0 0 0 0 0 0 0 0
46 47 48 49 50 Par During	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecting (For reporting by organizations that did ing the year, did the organization attempt to influence nativatempt to influence public opinion on a legislative matter	g Public Charit d not complete Ponal, state or local le or referendum, thro	ties Part VI-A) (See pages lation, including ugh the use of	1997		1996	Total 0 0 0 0 0 0 0 0
46 47 48 49 50 Par Duniany a a b	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecting (For reporting by organizations that directly to influence public opinion on a legislative matter Volunteers Paid staff or management (include compensation in expendice advertisements	g Public Charit d not complete P onal, state or local le or referendum, thro	ties Part VI-A) (See pages lation, including ugh the use of	1997		1996	Total 0 0 0 0 0 0 0 0
46 47 48 49 50 Par During any a b c c d	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecting (For reporting by organizations that did not the toinfluence public opinion on a legislative matter Volunteers Paid staff or management (include compensation in expenditures to members, legislators, or the public members, legislators, or the public compensation in the public co	g Public Charit d not complete Ponal, state or local le or referendum, thro	ties Part VI-A) (See pages lation, including ugh the use of	1997		1996	Total 0 0 0 0 0 0 0 0
46 47 48 49 50 Par During any a b c c d e	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecting (For reporting by organizations that directly to influence public opinion on a legislative matter Volunteers Paid staff or management (include compensation in expenditures to members, legislators, or the public Publications, or published or broadcast statems.	g Public Charit d not complete Ponal, state or local le or referendum, thro penses reported on	ties Part VI-A) (See pages lation, including ugh the use of	1997		1996	Total 0 0 0 0 0 0 0 0
46 47 48 49 50 Par Duni any a b c d e f	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecting (For reporting by organizations that directly the statement to influence public opinion on a legislative matter Volunteers Paid staff or management (include compensation in expenditures advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statem Grants to other organizations for lobbying purpose.	g Public Charit d not complete P conal, state or local le or referendum, thro penses reported on the consessions are the consession are the conses	ties Part VI-A) (See pregistation, including ugh the use of Ilines c through h)	1997		1996	Total 0 0 0 0 0 0 0 0
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46 47 48 49 50 Par Duni any a b c d e f	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecting (For reporting by organizations that directly to influence public opinion on a legislative matter Volunteers Paid staff or management (include compensation in eximated advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statem Grants to other organizations for lobbying purpoirect contact with legislators, their staffs, government Rallies, demonstrations, seminars, conventions, speeches, I	g Public Charit d not complete P onal, state or local le or referendum, thro penses reported on nents ooses officials, or a legisla ectures, or any other m	ties Part VI-A) (See pageslation, including ugh the use of the use	1997		1996	Total 0 0 0 0 0 0 0 0
46 47 48 49 50 Par Duni any a b c d e f g	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelecting (For reporting by organizations that directly to influence public opinion on a legislative matter Volunteers Paid staff or management (include compensation in eximalings to members, legislators, or the public Publications, or published or broadcast statem Grants to other organizations for lobbying purpoirect contact with legislators, their staffs, government	g Public Charit d not complete P onal, state or local le or referendum, thro penses reported on nents ooses officials, or a legisla ectures, or any other m	ties Part VI-A) (See pageslation, including ugh the use of the use	1997		1996	Total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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Schedul	e A (Form 990) 1999	H-JNT'NGTON'S DISEASE	SOC OF AME 13-3349872		· _P	age 6
		Regarding Transfers To and Transacti				
		e Exempt Organizations	(See page 8 of the instructions)	<u>.</u>	,	
51 Di	d the reporting orga	anization directly or indirectly engage in any	of the following with any other organization des	cribed in	•	
se	ection 501(c) of the	Code (other than section 501(c)(3) organization	tions) or in section 527, relating to political orga	nızatıons?		
a Tr	ansfers from the re	porting organization to a noncharitable exem	pt organization of		Yes	
(i	i) Cash			51a(i)		X
(i	i) Other assets			a(ii)		X
b O	ther transactions					1
		ges of assets with a noncharitable exempt or		b(i)		X
•	•	sets from a noncharitable exempt organization	on	b(ii)		×
		es, equipment, or other assets .	•	b(iii)		X
•	v) Reimbursement		•	b(iv)		X
	Loans or loan gu		•	b(v)_		X
		services or membership or fundraising solici		b(vi)		X
		equipment, mailing lists, other assets, or paid		С		X
		of the above is "Yes," complete the following				
		of the goods, other assets, or services given				
	~	less than fair market value in any transaction	in or sharing arrangement, show in column			
		pods, other assets, or services received	(d)			
(a)	(b)	(C) Name of noncharitable exempt organization	Description of transfers, transactions, and share	a arrangen	onto	
Line no	Amount involved	Name of honoraritable exempt organization	Description of transfers, transactions, and snam	iy airanyeni	ems	
						
						
	<u> </u>					
	<u> </u>					
	I			_		

	hedule (b)	(c)
Name of organization	Type of organization	Description of relationship
-		
